DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
REALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	2002 — 05	Flavida	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 1, 2002		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: *SAVINGS*		
42 CFR 440.10		3,568 4,410	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	SEDED PLAN SECTION	
Artachment 3.1-A, page 21	Attachment 3.1-A, page	21	
Attachment 3.1-A, page 20	Attachment 3.1-8, page		
10. SUBJECT OF AMENDMENT:			
Impatient Hospital Services			
11. GOVERNOR'S REVIEW (Check One):			
<ul> <li>☐ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	OTHER, AS SPECIFIED:		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	RETURN TO:		
The State of the s	Mr. Bob Sharpe		
13. TYPED NAME:	Deputy Secretary for Medicaid		
Mr. Bob Sharpe	Agency for Health Care Adm 2727 Mahan Drive, Mail Sto		
14. TITLE: Deputy Secretary	Tallahassee, Florida 32308		

15. DATE SUBMITTED:

March 25, 2002

17. DATE RECEIVED:

March 1, 2002 21. TYPED NAME:

Eugene A. Grasser

19. EFFECTIVE DATE OF APPROVED MATERIAL:

raktin dan berit sembelan langakan pintegal integeria selipat dan pinterangkilik seka terrilah

FOR REGIONAL OFFICE USE ONLY

22. TITUE:

Attn: Wendy Johnston

18. DATE APPROVED:

Associate Regional Administrator

Division of Medicaid and State Operations

3/1/02 <u>INPATIENT HOSPITAL SERVICES</u>: Inpatient hospital days are limited to 45 per fiscal year per patient 21 years of age or over. There is no limit for patients under 21 years of age.

Excludes clinically unproven procedures and cosmetic surgery. Sterilization procedures which meet federal requirements and abortion procedures meeting federal requirements are allowed.

Inpatient hospital admissions for psychiatric services for all ages require prior authorization from a peer review organization (PRO) under contractual agreement with Medicaid to perform such services. Emergencies do not require prior approval, but a certificate of need is required within 24 hours of the admission.

Elective inpatient hospital admissions for medical, surgical, and rehabilitative services for patients 21 years of age or older, require prior authorization from a peer review organization (PRO) under contractual agreement with Medicaid to perform such services. Excluded from the prior authorization requirement are:

- 1. Emergency admissions;
- 2. Urgent admissions;
- 3. Admissions for
  - a. Recipients under the age of 21;
  - Recipients covered by Medicaid managed care plans other than fee-for-service or MediPass;
  - c. Recipients with any Medicare coverage;
  - d. Child Health Check-Up (EPSDT) recipients screened within one year of an inpatient admission; and
  - e. Newborn deliveries.

For purposes of the plan, elective surgery is defined as those surgical procedures that can be safely deferred without:

- 1. Threatening the life of the recipient, or
- 2. Causing irreparable physical damage, or
- 3. Resulting in the loss or serious impairment of a bodily function, or
- 4. Resulting in irretrievable loss of growth and development.

An inpatient hospital admission for an adult (age 21 or over) heart transplant procedure requires prior authorization from the Medicaid office, not a peer review contractor. A Medicaid program medical consultant makes the decision regarding whether a patient's transplant procedure meets the above criteria.

Amendment 2002-05 Effective 3/1/02 Supersedes 93-02 Approval JUN 2 4 2002 3/1/02 <u>INPATIENT HOSPITAL SERVICES</u>: Inpatient hospital days are limited to 45 per fiscal year per patient 21 years of age or over. There is no limit for patients under 21 years of age.

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